



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Assess Knowledge And Attitude Regarding Prevention Of Suicide Among Nursing Students

Prof. Vir Vikram Sahdev Singh¹, Prof. S. Balamani Bose², Sanjay Saini³, Nishat Parveen⁴, Dr. Ganesh Singh⁵

¹ Vice-principal, College of Nursing, LLRM Medical College, Meerut, Uttar Pradesh

² Principal, College of nursing, LLRM Medical College, Meerut, Uttar Pradesh

³ Nursing Tutor, College of nursing, LLRM Medical College, Meerut, Uttar Pradesh

⁴ Assistant Professor, College of nursing, LLRM Medical College, Meerut, Uttar Pradesh

⁵ Professor (Stat.) Dept. of Community Medicine, LLRM Medical College, Meerut, Uttar Pradesh

Abstract

Background: Suicide is the leading cause of death among college students. However, suicide is preventable. Youth who are contemplating suicidal frequently give warning signs of their distress. Parents, teachers and friends are in a key position to pick up on these signs and get help. **Objectives:** To assess the level of knowledge and attitude related to prevention of suicide among Nursing students. **Methodology:** A non-experimental, descriptive exploratory survey approach was used for the study. Data was collected from 413 nursing students by non-probability consecutive sampling technique who were studying in selected Nursing colleges in Meerut (UP). Self-structured questionnaires were used to assess the level of knowledge of prevention of suicide on attitude towards prevention of suicide. **Result:** Findings related to level of knowledge showed that the highest percentage (50%) of students were having average knowledge and (25%) of students having poor knowledge about prevention of suicide. **Conclusion:** There was poor knowledge and negative attitude towards suicide among these students. Hence, we provided self-instructional module (SIM) which focused on suicide prevention among nursing students.

Keywords: Knowledge, Attitude, Prevention of suicide, Nursing students.

Introduction: Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions. Many factors can increase the risk of suicide or protect against it. Suicide is connected to other form of injury and violence for example, people who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk.

The National Crime Records Bureau (NCRB) released data on suicidal death in India in August, 2022 and the figures were startling. A total of 1, 64,033 suicides were reported in the country in 2021 which is an increase of 7.2% in comparison to the previous year in terms of total numbers. In terms of rate of suicide, India reported a rate of 12 (per lakh population) and this rate reflects a 6.2% increase during 2021 over 2020.

Review of Literature:

- **H.K. Saini, H. Saini, (2023)**, conducted a descriptive study to assess knowledge and attitude of college students on suicide at Punjab, India. The sample consist of one hundred students who was between the ages of 18 and 35. The samples was selected by non-probability purposive sampling. The results of study shows that 7% of students had a poor understanding of suicide, whereas 48% had an average understanding and 45% had a high understanding of the suicide.
- **Jyoti S, (2020)**, conducted a cross-sectional study to assess the knowledge and attitude of 50 young adults regarding suicide. The sample was selected through non-probability purposive sampling technique. The data was collected by using self-administered tools. The findings of study, 44% of the young adult were considered to have good knowledge, 50% average and 6% have poor knowledge. The majority of 60% the young adult were agreed with suicides occur with no previous warning.
- **Chris T, Sanjay B, et.al, (2018)**, conducted a non-experimental descriptive exploratory survey on 100 B.Sc. Nursing students, who were studying in nursing colleges of south western Rajasthan. The sample was selected through non-probability consecutive sampling technique. The self-structured questionnaires were used to assess the level of knowledge of suicide and standardized attitudes towards suicide. Questionnaire scale (ATTS) adopted by Renberg and Jacobson (2003) was used to assess attitude towards suicide. Findings related to level of knowledge showed that the highest percentage (51%) of students were having poor knowledge, only (2%) students having very good knowledge about suicide. Findings related to level of attitude towards suicide showed majority (67%) of students have negative attitude.

Statement of the Problem:

A study to asses knowledge and attitude regarding prevention of suicide among nursing Students

Objectives:

1. To assess the knowledge regarding suicide prevention among the nursing students.
2. To assess the attitude towards prevention of suicide among the nursing students.

Methodology:

Methodology of the study indicates general pattern, research approach and research design, the setting, the sampling technique and variables. It indicates the general pattern for organizing the procedure for empirical study together with the method of obtaining valid reliable data for problem under investigation (**Burns and Grove, 1995**)

Research Approach:

A **Quantitative Research Approach** is selected for the study to assess the knowledge & attitude regarding prevention of suicide among nursing students.

Research Design:

A researcher's overall plan for obtaining answers to the research questions or for testing the research hypothesis is referred to as the research design (**Polit and Hungler, 2008**).

In this study a **Non-experimental, descriptive exploratory survey approach** was used.

Setting of the study:

Setting is the physical location and condition in which the data collection takes place (**Polit and Hungler, 1999**).

The study was conducted in **Nursing colleges at Meerut**.

Population:

The population denotes the entire group of subjects who meet the sampling criteria. The target population consisted of the **Nursing Students**.

Sample Size : Sample is consists of a subset of the units that compose the population. The sample size consists of **413 Nursing Students**.

Sampling Technique : Sampling technique is the process of selecting a group of people with which to conduct studies for selection of sample, the non-probability **convenient sampling technique** was used.

CRITERIA FOR SAMPLE SELECTION:

Inclusion Criteria:

1. The students who are willing to participate in this study.
2. The students who are studying in Nursing Colleges at Meerut.
3. Students who are able to understand Hindi or English Language.

Exclusion Criteria –

1. Those who were not willing to participate in the study.
2. Those students who are having any obvious Psychiatric illness.
3. Those students who are studying in other professional courses except nursing.

Tools

Section A

Demographic variables to collect baseline data, such as age, sex, religion, locality marital status, monthly income, father's occupation & mother's occupation.

Section B

Self-structured questionnaires to assess the level of knowledge regarding prevention of suicide

Section C

Self-structured questionnaire to assess attitude towards prevention of suicide

ANALYSIS

Analysis and interpretation of the data were based on the objectives of the study

Table No.1- Socio demographic variables of respondents.

(N=413)

| S.no. | Socio demographic variable | Frequency | % | |
|-------|----------------------------|----------------------|-----|------|
| 1. | Age (in actual years) | 18-21 | 308 | 74.6 |
| | | 22-25 | 89 | 21.5 |
| | | >25 | 16 | 3.9 |
| 2. | Gender | Male | 105 | 25.4 |
| | | Female | 308 | 74.6 |
| 3. | Studying in year | 1 st year | 255 | 61.7 |
| | | 2 nd Year | 97 | 23.5 |
| | | 3 rd Year | 09 | 2.2 |
| | | 4 th year | 52 | 12.6 |
| 4. | Marital status | Married | 27 | 6.5 |
| | | Unmarried | 386 | 93.5 |
| 5 | Locality | Rural | 173 | 41.9 |
| | | urban | 240 | 58.1 |
| 6 | Religion | Hindu | 384 | 84.3 |
| | | Muslim | 53 | 12.8 |
| | | Sikh | 03 | 0.7 |
| | | Christen | 09 | 2.2 |
| 7. | Family Income | 5000-10000 Rs | 101 | 24.5 |
| | | 10001-15000 Rs | 140 | 33.9 |
| | | >15000 Rs | 172 | 41.6 |
| 8. | Father occupation | Self employed | 195 | 47.2 |
| | | Govt. employed | 84 | 20.3 |
| | | Pvt. employed | 134 | 32.5 |
| 9. | Mother occupation | Self employed | 08 | 1.9 |
| | | Govt. employed | 22 | 5.4 |
| | | Pvt. employed | 20 | 4.8 |
| | | House wife | 363 | 87.9 |

According to the result in Table 1, (74.6%) of the participants were 18-21 years old. The majority of the participants were female (74.6%), more than half (61.7%) of students were enrolled in previous year. The majority of the participants (93.5%) were unmarried. More than half (58.1%) came from urban areas. The majority of the participants were (84.3%) were Hindus. The highest (41.6%) belonged to family income group of >15000, near to half (47.2%) of father's occupation were self employed and majority of (87.9%) of participants mothers were house wives.

Table No 2. Attitude of respondents about prevention of suicide

(N=413)

| S.N O. | Questions | Strongly Agree (%) | Agree (%) | Uncertain (%) | Disagree (%) | Strongly disagree (%) |
|--------|---|--------------------|-----------|---------------|--------------|-----------------------|
| 1. | Most person who attempt suicide are lonely and depressed | 36.8 | 47 | 6.1 | 6.8 | 3.4 |
| 2. | Suicide is an acceptable means to end and incurable illness | 09 | 17.9 | 7.7 | 33.7 | 31.7 |
| 3. | The possibility of committing suicide is greater for older people(>60) than younger people(20-30) | 7.3 | 14.3 | 13.1 | 50.1 | 15.3 |
| 4. | Most people who commit suicide do not believe in an after life | 13.6 | 52.3 | 21.8 | 9.7 | 2.7 |
| 5. | Once a person is suicidal, he is suicidal forever | 7.3 | 23.5 | 18.2 | 36.6 | 14.5 |
| 6. | There may be a situation where the only reasonable solution is suicide | 07 | 15.5 | 9.2 | 32.9 | 35.4 |
| 7. | Sometimes suicide is the only escape from life's problem | 7.7 | 18.2 | 5.6 | 34.9 | 33.7 |
| 8. | If someone wants to commit suicide. It is their business and should not interfere | 3.9 | 7.7 | 5.6 | 33.9 | 48.9 |
| 9. | Those people who attempt suicide are usually trying to get sympathy from others. | 09 | 19.9 | 15 | 35.8 | 20.3 |
| 10. | Suicide is the normal behavior | 3.4 | 6.8 | 5.8 | 35.6 | 48.4 |

Attitude of respondents about suicide can be observed from table no. 2. Most of the respondents (**83.8%**) were either agreed (**47%**) on strongly agreed (**36.8%**) with the facts that most of the person who attempt to suicide they feel lonely and depressed.

Majority (**65.4%**) of the respondents were either disagreed (**33.7%**) or strongly disagreed (**31.7%**). That suicide was acceptable means to end an incurable illness. Half (**50%**) of the respondents were disagreed that possibility of committing suicide is greater in older people (>60years) than younger (20-30years). A slightly more than half (**52.3%**) of the respondents were agreed that the person who commit suicide do not believe in an afterlife.

Further, it can be seen that respondents were not agreed (**51.1%**) that once a person is suicidal, suicidal forever but (**30.8%**) of the respondents were agreed with the facts. Majority (**68.3%**) of the respondents were either strongly disagreed (**35.4%**) or disagreed (**32.9%**) about only reasonable solution is suicide where as (**22.5%**) of the respondents were agreed about that the only reasonable solution is suicide. (**68.6%**) of the respondents were not agreed that some time suicide is the only escape from life's problem most (**82.8%**) of the respondents were disagreed that a person wants to commit suicide and we should not interfere, more than half (**56.1%**) respondents were also not agreed that people attempt to suicide usually trying to get sympathy from others. Moreover most (**84%**) of the respondents were also disagreed with the facts that suicide is a normal behavior.

Table No.3- Knowledge score of respondents about prevention of suicide

| Quartile | Score of knowledge on prevention of suicide | Level of knowledge score |
|----------------------|---|--|
| Q ₁ (25%) | 3 | 0-33% - Poor knowledge 34-66%- Average knowledge 67-100%- Good knowledge |
| Q ₂ (50%) | 4 | |
| Q ₃ (75%) | 6 | |
| IQR | 3 | |
| Range (0-15) | 15 | |

Among all the respondents median score of knowledge about prevention of suicide was 4 within IQR of 3. Two third (75%) of the respondents were having the knowledge score of 6. Only 25% of respondents were having scored about 3 or less than 3, 50% of respondents is having knowledge score 4 or less than 4. 25% respondents having poor knowledge about prevention of suicide and 50% respondents is having average knowledge about prevention of suicide.

Acknowledgements

Authors would like to thank all the samples, friends and colleagues, without whom we would not have been able to complete this research.

Funding: No funding sources.

Conflict of interest: None declared

Ethical approval: The study was approved by institutional Ethics committee with reference number IEC/SC-1/2024/142

Conclusion:

The respondents are having poor knowledge and negative attitude towards the prevention of suicide.

References:

1. Chris Thomas, Sanjay Bhat et, al; (2018), assess the level of knowledge and attitude towards suicide among BSc Nursing students, International journal of neurological nursing, Vol 4, No. 1.
2. NK.K. Sumeriya, H.K. Saini et , al; (2023), Assess the knowledge and attitude of college students on suicide, Journal of coastal life medicine JCLMM 2/11 (2023)-239-245.
3. Ram D, Darshan MS, Rao TSS, Honagodu AR, Suicide Prevention is possible, A perception after suicide attempt, Indian Journal of Psychiatry 2012 Apr; 54(2); 172-6.
4. World Health Organisation, Global Health Observatory (GHO) data; suicide rates (Per 10000 Population) [accessed on September 28, 2019]; available from <https://www.who.int/gho/mental-health/suicide-rates>.
5. Mc Langhinc C, Casualty nurses, attitudes to attempted suicide. J adv Nurse 1994 Dec; 20 (6):1111-8.